

## South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Medication administration may be delegated only to those Individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sjoux Falls, South Dakota 57106-3115

Nursing; 4305 S. Louise Ave., Suite 201; Siou	ux Falls, Sc	outh Dakota 571	06-3115			500.0
Name of Institution: Judy's assis						
Name of Primary Instructor: They	R. Rie	dol Rn				
Belle Fourthe S.D		57717				
hone Number: 605 892-5736		Fax Numbe	r: 723-0991			
-mail Address of Faculty: judysalcar	ushmo	le . com				
Request re-approval using the following a records using the Enrolled Student Log form.  2011 SD Community Mental Health Facilitie Gauwitz Textbook — Administering Medicati Mosby's Texbook for Medication Assistants. Nebraska Health Care Association (2010) (1) We Care Online	pproved cues (only approlons: Pharma, Sorrentino	urriculum(s): (Ea oved for agencies ce acology for Health	rtified through the Depart	ment of Co		
List faculty and licensure information: For clinical RN experience, and 2) attach a new Co	r <u>new</u> RN fal Irriculum Ap	culty: 1) attach re oplication Form ide	entifying areas of teach	h evidenci ing.	e of mini.	mum 2
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	RN LICENSE Expiration Date	Verificat	·	
Judy R. Riedel For	5.0.	RO15187	3114/13	(Complet	ed by SD	BON)
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Complete evaluation of the curriculum / progra Standard	III. (EXPIAII)	No responses on a	i separate sheet of paper.	)	Wa-	Late
. Each person enrolled in your program had a	high school	diploma or the ed	quivalent.	7718044	Yes	No
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Your program's faculty to student ratio did n	ot exceed 1	:1 in skill perform	ance evaluation (come	etena	12	-
validation.				ctericy	×	
Each student's performance was documente You maintain records using the Enrolled Stud	d using the	SD clinical skills c	necklist form.		×	
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I Faculty Signature: Qual Range	u.	Date:	8/17/12	Name and Associated a		
is section to be completed by the South Da	kota Board	d of Nursing	e-	1 - 1		
Date Application Received: 10 tull \$125	112	Date Notice Se	nt to Institution:	123/1	1	
Date Application Approved: 8128	14	Application De	nled, Reason:			
Board Representative:	*	1				
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